



October 22, 2014

The Honorable Sylvia Mathews Burwell
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

By E-Mail to: Sylvia.Burwell@hhs.gov

Re: Comments on Iowa's request to extend the current waiver of Non-Emergency Medical Transportation (NEMT)

Dear Secretary Burwell:

Families USA is grateful for the opportunity to comment on the 1115 waiver request submitted by the state of Iowa. If approved, Iowa would be allowed to extend its current waiver of non-emergency medical transportation (NEMT) in the Iowa Health and Wellness Plan.

Families USA is a national healthcare advocacy organization with the mission of supporting policy changes that will expand access to affordable healthcare for all Americans. We are pleased that Iowa has decided to expand Medicaid eligibility and accept federal funding to extend Medicaid coverage to low-income parents and adults and we strongly support Iowa's decision to continue that program.

However, we have serious concerns, which are outlined below, with Iowa's proposal to extend its current waiver (which is scheduled to sunset on December 31, 2014) of NEMT through June 26, 2016. These comments supplement the sign-on letter submitted by the Georgetown University Center for Children and Families and the Center for Budget and Policy Priorities, which Families USA joined.

Iowa's request to continue waiving NEMT will present an unnecessary barrier to care as demonstrated by evidence submitted with its application

In support of its NEMT waiver amendment, Iowa presents data collected by the University of Iowa Public Policy Center that actually demonstrate unmet need for transportation that is

affecting access to care among members of the Iowa Health and Wellness plan.¹ This survey finds that within the past 6 months, 20 percent of Medicaid beneficiaries with incomes below 100 percent of the federal poverty level and 10 percent of beneficiaries with incomes between 100-138 percent of the federal poverty level could not get transportation to or from a health care visit.

Additionally, this same survey found that, in the past 6 months, 14 percent of participants under 100 percent of poverty, have worried about their ability to pay for the cost of transportation to and from a health care visit. Another 9 percent of participants under 100 percent of poverty said a lack of transportation could keep them from getting a physical exam this year.

In its waiver request, Iowa cites NEMT utilization trends that show that the most frequent member reported reason for utilizing NEMT services is to access mental health services and dialysis.² It is imperative that Iowa's expansion population have access to these and other medically necessary health care services, which are most effective when timely and have large health and cost consequences when missed.

Like the current Medicaid population, the Medicaid expansion population that would use NEMT the most are the beneficiaries that are the sickest and need access to care the most. According to the data provided in the waiver amendment request, those who accessed the NEMT benefit five or more times per month most frequently reported they did so to access medically necessary dialysis treatments. These beneficiaries use transportation services to access care that, if missed, will lead to expensive and catastrophic hospitalization or institutionalization.

The Medicaid expansion population in Iowa also has a particularly high need for mental health services, which are often accessed through NEMT. A SAMHSA analysis found that among the Iowan Medicaid expansion population, the prevalence of behavioral conditions is above the national average. Of individuals that are eligible for coverage under Iowa's expansion, 11.3 percent have a serious mental illness (compared to 7 percent nationally), 21 percent (14.9 percent nationally) have serious psychological distress and 16.5 percent (14.2 percent nationally) have a substance use disorder.³ Timely access to appropriate mental health services helps keep individuals with severe mental illness out of the criminal justice system and costly inpatient settings and allows them to remain in the community.⁴

¹ State of Iowa-DHS, NEMT Waiver Amendment, page 2-3.

² State of Iowa-DHS, NEMT Waiver Amendment, page 6.

³ Substance Abuse and Mental Health Services Administration (SAMHSA), National and State Estimates of the Prevalence of Behavioral Health Conditions Among the Uninsured, June 20, 2012, <http://store.samhsa.gov/product/National-and-State-Estimates-of-the-Prevalence-of-Behavioral-Health-Conditions-Among-the-Uninsured/PEP13-BHPREV-ACA>

⁴ Bazelon Center for Mental Health Law, Take Advantage of New Opportunities to Expand Medicaid Under the Affordable Care Act, July 2012 <http://www.bazelon.org/LinkClick.aspx?fileticket=cwAuDZLEmQI%3d&tabid=218>

Iowa's waiver amendment request does not further the objectives of the Medicaid program.

NEMT benefits – and Medicaid more generally – address the unique health care access needs of the low-income population. One of Iowa's stated rationales for its waiver request is the goal of making Medicaid expansion “look more like a commercial benefit than traditional Medicaid coverage.” However, there is reason to believe that private insurance – or coverage designed to resemble private insurance – is not inherently superior in meeting the needs of the low-income population that obtains coverage through Medicaid. A 2012 study based on National Health Interview Survey data published in the *Annals of Emergency Medicine* found that between 1999 and 2009, only .6 percent of those with private insurance reported that transportation was a barrier to accessing timely primary care treatment, while seven percent of Medicaid beneficiaries did so.⁵ This indicates that lack of transportation is a significantly greater barrier to access to care for the Medicaid-eligible population and provides a strong rationale for the need to offer a set of benefits that meets these needs, including the NEMT benefit. Simply put, Iowa's waiver amendment request does not further the objectives of the Medicaid program and limits access to care for the population that Medicaid is intended to serve.

Waiver of NEMT is not in keeping with the goals of the Iowa Wellness Plan.

The Iowa program encourages enrollees to participate in wellness activities. Completing these wellness activities can lower premiums and make care more affordable for very low-income people. It is therefore critical to mitigate as many barriers to preventative care as possible, making it easier for individuals to meet their wellness requirement. Coverage of non-emergency transportation will lessen one barrier to care. It is incongruous to create a wellness rewards structure while omitting necessary non-emergency transportation benefits.

Waiving the NEMT benefit sets a bad precedent that leads to the erosion of Medicaid benefits in other states.

In the highly politicized environment in which states make decisions regarding Medicaid expansion, exemptions granted to one state quickly attract attention from other states looking to make changes to their own Medicaid programs. This dynamic is especially true in the case of approaches to Medicaid expansion via premium assistance generally and the NEMT benefit in particular. Since CMS allowed Iowa to temporarily waive the NEMT benefit, Pennsylvania has been allowed to waive its NEMT coverage temporarily and a similar request is pending from

⁵ Annals of Emergency Medicine, National Study of Barriers to Timely Primary Care and Emergency Department Utilization Among Medicaid Beneficiaries, March 2012, <http://www.annemergmed.com/article/S0196-0644%2812%2900125-4/abstract>

Indiana. Meanwhile, lawmakers in Arkansas have publically expressed regret over not getting an exemption for the NEMT benefit as Iowa did and are currently pursuing such an exemption, and Utah is reported to be requesting a waiver as well. Clearly, the decision to allow Iowa to temporarily waive the NEMT benefit has had repercussions across other states. We urge CMS to prevent this precedent from becoming institutionalized, which would undermine Medicaid beneficiaries' access to care.

Conclusion

To ensure all participants in the Iowa Health and Wellness Plan have access to necessary health care services, we urge you to allow Iowa's current waiver of NEMT to expire as currently scheduled on December 30, 2014.

Thank you for the opportunity to submit these comments. If you have any questions, please do not hesitate to contact us.

Respectfully submitted,

Dee Mahan
Medicaid Program Director

Andrea Callow
Medicaid Policy Analyst

Shannon Donahue Attanasio
Deputy Director, Government Affairs

cc: Marilyn Tavenner, Administrator, Centers for Medicare & Medicaid Services
(Marilyn.Tavenner@cms.hhs.gov)

Cindy Mann, Deputy Administrator, Centers for Medicare & Medicaid Services and Director for Medicaid and CHIP Services (Cynthia.Mann@cms.hhs.gov)